	PATENT	ORC		Application or Docker Number										
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
T	OTAL CLAIMS		G					RATE FEE		FEE	7 .	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS ·			6 minus 20=		. 0			X5 9=		٠.	OR	XS18=		
INDEPENDENT CLAIMS			e minus 3 =		·			X43=			OR	X86=		
ML	ILTIPLE DEPER	NDENT CLAIM P	RESENT				0 .145			·	1	-290=		
• 11	the difference	in column 1 is	less than zero, enter "0"			column 2			4	- oil	OR			
		•						TOTA	-	583	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	SMALL I		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	,ADDI- TIONAL FEE	
	Total	. 6	Miņus	- 2	0	· A		XS 9=			OR	X\$18=		
	Independent	· 2	Minus	(	3	- 0	X43=		Ť		OR	X86=		
	FIRST PRESE	NTATION OF MI	JITIPLE DE	PLE DEPENDENT CLAIM			<b> </b>	+145=	†			+290=		
1	id adi	75				L	TOTA	+		OR	TOTAL			
/	4070	(Caluma 1)	(Column 2) (Column 3)				,	ODIT. FE	EL		OR,	ADDIT. FEE	,	
_ [		(Column 1) CLAIMS	<u> </u>	HIGH	51	(Column 3)	r		_	ADOI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENOMENT	٠	NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL	
	Total	• 0	Minus	-20	<u> </u>	•		X\$ 9=			OR	X\$18=		
	Incopendent	・ス	Minus		3	•		X43=	1		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								†	•			<del>-</del> -	
				•		•	.L	+145=	╀		OR	+290=	•	
								DOIT. FEI	EL	لــــــــــــــــــــــــــــــــــــــ	OR ,	OOIT. FEEL		
		(Column 1)		(Colum		(Column 3)	_				_		]	
3 L		REMAINING AFTER AMENDMENT		PREVIOU PAID F	er USLY	PRESENT EXTRA		RATE	Įτ	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		• ,	Γ	X\$ 9=			OR	X\$18=		
		•	Minus	***		•		X43=	t		T	X86=	•	
1	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		1		+	<del></del> -	OR			
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.										(	DA [	+290=		
-11	the "Highest Nurs the "Highest Nurs	nber Previously Pei nber Previously Pai	d For' IN THIS	S-SPACE is I	less than	20, enter "20."	~	TOTAL DOIT. PEE	L			DOIT. FEE		
· 1	he "Highest Numb	ber Previously Paid	For" (Total or	Independen	u) is the	highest number	toun	d in the a	ppro	priate box	ın colu	ma 1.	ı	